MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00312

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print) (First) Loyd (Middle) (Last) Viggs
4. DATE OF DEATH (Month) 1 (Day) 29 (Year) 53

5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 1 1920
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer
10b. KIND OF BUSINESS OR INDUSTRY Used Car
11. BIRTHPLACE (State or foreign country) Knoxville Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph H Diggs
14. MOTHER'S MAIDEN NAME Amanda Fou.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 409-18-4634
17. INFORMANT AND ADDRESS Mr Paul Diggs Box 90 Upper Marl Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured base of skull

825X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Auto accident

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Owing (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1 55 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A M Ward (Degree or title) O M E ADDRESS Owing Md DATE SIGNED 1/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/1/53
NAME OF CEMETERY OR CREMATORY Monovista Cemetery
LOCATION (City, town, or county) Elizabethton, (State) Tenn.

DATE REC'D BY LOCAL REG. 1/30/53
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Roy Hatheway, ADDRESS Elizabethton, Tenn.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
FEB 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 003137

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Olivia (Last) Dorsey

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 23, 1905

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months 9 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tilden Cranford

14. MOTHER'S MAIDEN NAME: Laura A. Cox

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Frank Dorsey - Parran, Calvert Co., Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Interval Between Onset And Death

DUE TO

(c)

170+

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16 1948., to 1/6, 1953, that I last saw the deceased alive on 1/5, 1953, and that death occurred at 1.30 A.M., from the causes and on the date stated above.

SIGNATURE J. H. Weaver — (Degree or title) MD — ADDRESS Huntingtown, Md — DATE SIGNED 1/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 7, 1953 — NAME OF CEMETERY OR CREMATORY Emanuel Cemetery — LOCATION (City, town, or county) (State) Plum Point-Calvert Co., Md

DATE REC'D BY LOCAL REGISTRAR 1-6-53 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son — ADDRESS Mutual, Md.

VS. A15

RECEIVED
JAN 9 1953
BUREAU V. S.

Item 7 FilmG150 1/26/53 whw
Items 18&21 G150
1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00314

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clement (Middle) L (Last) Dorsey
4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 10-23-1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 2 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cal. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Dr. Julius O. Dorsey
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Army World War I
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: 1520 Locust Rd., N.W. Emeline D. Farrall Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.3

Immediate cause (a) Cardiac failure

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Found dead on own porch with face down. Had been drinking

DUE TO (c) Probably dead three days (not accidental)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Not Primary Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Home
(CITY OR TOWN) Broomes Island (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ? m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Dropped dead

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 11 Am from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) O. M. E. ADDRESS Olney Md DATE SIGNED 1/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-17-53
NAME OF CEMETERY OR CREMATORY Dorsey Family Lot
LOCATION (City, town, or county) Mutual - Cal. Co. - (State) Md.
DATE REC'D BY LOCAL REGISTRAR 1-16-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0315

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lethia (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Giles

14. MOTHER'S MAIDEN NAME: not known.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Joseph Jenkins, Sunderland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) cerebral accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1953, to 1/15, 1953, that I last saw the deceased alive on 1/14, 1953, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE: J. H. Weems (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 1/16/53

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE THEREOF 1-18-53 | NAME OF CEMETERY OR CREMATORY Mt Hope | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 1-16-53 | REGISTRAR'S SIGNATURE A. W. Ward | 24. FUNERAL DIRECTOR P. E. Sewell Price Frederick Md. ADDRESS

RECEIVED
JAN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0316

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) F. (Last) McFadden

4. DATE OF DEATH: (Month) Jan. (Day) 24, 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 2, 1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 10 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Pulp Wood Agent

10b. KIND OF BUSINESS OR INDUSTRY: Pulp Wood

11. BIRTHPLACE (State or foreign country): Bridgeport, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: P McFadden

14. MOTHER'S MAIDEN NAME: Mary Moran

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 579-24-9408

17. INFORMANT'S ADDRESS: Virginia McFadden - St. Leonards, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1953, to 1/24, 1953, that I last saw the deceased alive on 1/24, 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. D. Williams M.D ADDRESS St Leonard DATE SIGNED 1/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF Jan. 26, 1953

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 1/26/53

REGISTRAR'S SIGNATURE N. H. Ward

24. FUNERAL DIRECTOR ADDRESS A. A. Harkness & Son - Mutual, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place) 45 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jewell; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) (Last) McLahey

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 9, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Happel

14. MOTHER'S MAIDEN NAME: Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John Mc LaLey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mesenteric Embolism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 19 52, to 1/15, 1953, that I last saw the deceased alive on Jan. 15, 19 53, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 1-20-53; NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem.; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1/19/53; REGISTRAR'S SIGNATURE A. W. Hedrick (H. Ward) CMC

24. FUNERAL DIRECTOR: Lee - D Wash., DC. ADDRESS

COPY SENT TO

Item 9 Film G150 1/22/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willows
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willows
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Virgil (Middle) H (Last) Reid

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-22-1866

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Reid

14. MOTHER'S MAIDEN NAME: Mary Monell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Albert Reid Willows, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephritis sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

446

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to JAN., 1953 that I last saw the deceased alive on JAN 6, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Virgil Reid (Degree or title) ADDRESS: Prince Frederick DATE SIGNED: 1/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-17-53

NAME OF CEMETERY OR CREMATORY: Plum Point

LOCATION (City, town, or county) (State): Calvert md

DATE REC'D BY LOCAL REG. 1-16-53

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P. E. Sewell ADDRESS: Prince Frederick Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chaneyville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Owings Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Josuah (Middle) Lee (Last) Sears
4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 15. 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: John Wesley Sears
14. MOTHER'S MAIDEN NAME: Rebecca Trott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Melvin Phipps, Owings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 6 mo

442

Immediate cause (a) Cardio vascular Renal disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/20, 1952, to 1/1, 1953, that I last saw the deceased alive on 1/1, 1953, and that death occurred at 10 30 AM, from the causes and on the date stated above.

SIGNATURE Howard (Degree or title) Owing ADDRESS Md DATE SIGNED 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 4/53
NAME OF CEMETERY OR CREMATORY Mt. Harmony Cem.
LOCATION (City, town, or county) Mt. Harmony (State) Md.
DATE REC'D BY LOCAL REGISTRAR Jan. 3, 1953
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10320 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1[illegible]-51

1. PLACE OF DEATH:
COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: NOL, Solomons
LENGTH OF STAY (in this place): 1 - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1008 S. Decker Ave., Baltimore 24

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Joseph (Last) SMUTNIAK

4. DATE OF DEATH: (Month) Jan (Day) 5 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 15 Aug. 31

9. AGE last birthday: 21 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. NAVY

10b. KIND OF BUSINESS OR INDUSTRY: U. S. NAVY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank J. SMUTNIAK

14. MOTHER'S MAIDEN NAME: ✓ unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes
(If Yes, give war or dates of service) 11 May 51 to 4 Jan 53

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U. S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

E976+

Immediate cause (a) Wound, Missile, gunshot — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Dead on arrival

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: outside of mess hall, N.O.L. (CITY OR TOWN): Solomons, (COUNTY): Calvert (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 4 1953 2057 M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2057 m., from the causes and on the date stated above.

SIGNATURE: N. V. White
(DEGREE OR TITLE) ADDRESS: N. V. WHITE LT MC USN
DATE SIGNED: 1-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 1/5/53
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Baltimore City, Md.

DATE REC'D BY LOCAL REG.: 1/5/53
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, ADDRESS: Md.

H. Clare Briscoe - Mmb.

RECEIVED
JAN 7 1923
BUREAU V. S.

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00321

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Ward

4. DATE OF DEATH (Month) 1 (Day) 27 (Year) 1953

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 4-29-

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Parran

14. MOTHER'S MAIDEN NAME Elizabeth Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lucy Rice, Sunderland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1949, to 1/25, 1953, that I last saw the deceased alive on 1/25, 1953, and that death occurred at 7 42 P.m., from the causes and on the date stated above.

SIGNATURE H. Weems. (Degree or title) Mrs ADDRESS Huntingtown Md DATE SIGNED 1/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2-1-53

NAME OF CEMETERY OR CREMATORY St Edmonds

LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REG. 1-30-53

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P E Sewell Prince Frederick, Md. ADDRESS

RECEIVED
FEB 4 1993
BUREAU V. S.